

White House Conference on Aging Policy Committee
December 8, 2004 – Listening Session
Illinois Governor's Conference on Aging

Thank you for the opportunity to testify today. I'm Janet Ellis, the Executive Director of the Northwestern Illinois Area Agency on Aging. Our agency serves the nine counties of northwestern Illinois (Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Whiteside, Winnebago) and the more than 111,000 older persons and their caregivers who live in this urban and rural geographic area.

I feel it is very important for policy makers to be knowledgeable and appreciative of the aging network that has dedicated itself to connecting policy and implementation, to coordinating public and private financing of services and benefits, and to merging federal, state, and local planning into an established structure to reach and assist older persons and their caregivers. This network of the Administration on Aging, the state unit on aging and the area agency on aging as described in the Older Americans Act provides the nationwide framework needed to empower older persons, caregivers, communities, and governmental units to meet the challenges of an aging population.

The aging network is unique among the human services delivery systems in its ability to merge public and private resources and to promote participation in planning by those providing services and those receiving them.

However, we need to expand the opportunities and resources for the aging network to effectively and efficiently meet the challenges of a growing and increasingly diverse population. The reauthorization of the Older Americans Act gives us that chance.

The network has been successful when it has been able to be flexible at the local service delivery level. The trend from congregate meals to home delivered meals is one example. In

FY91 356,271 congregate meals and 204,484 home delivered meals were provided to persons over 60 in our nine county area. In FY04 only 176,129 congregate meals were served and 462,188 home delivered meals were provided with increasing reliance on state and local resources. The Older Americans Act Title IIIC should become “meals” not C₁ – congregate and C₂ home delivered. The changes in our client group, the increase in frozen meal and microwave availability, and decline in congregate site attendance needs to be acknowledged and resources not specified by where the meal is eaten.

The advantages of flexibility and options have been demonstrated effectively in the Older Americans Act Title IIIE respite program. We can offer caregivers the options of in-home, adult day care or nursing home respite depending on their needs, the care recipients circumstances and the availability of service in their community.

The aging networks resources are severely limited. We should not mandate percentages for Access, In-Home, or Community Services. We need to be able to coordinate our limited resources with those of other funding streams at the local level to maximize opportunities for service expansion. We should respond to the needs of older people and their caregivers now and in the future. Our agency’s recent experience as a “System Change” grantee clearly demonstrated that we need more coordination of public service systems not more restrictions on limited resources.

We should become more client oriented. We must focus on providing accurate, timely, and objective information so seniors and caregivers become knowledgeable about their options before a crisis occurs. All of us – personally and professionally need to plan for aging.

Let’s use this White House Conference on Aging to acknowledge the status of today’s services and benefits – their limitations, barriers, and successes and build for the future. We

need to involve more partners and use the expertise of social service and health care professionals as well as the senior and the caregiver.

We have the beginnings of some excellent partnerships between health care professionals, policy makers, and aging services personnel and advocates. Frustration with the high cost of prescriptions may have been the cause and all have been affected. Doctors are repeatedly asked for samples and to change prescriptions or their patients aren't taking their medications as prescribed and their health is in jeopardy. Policy makers have responded with a wide variety of drug cards and programs on the governmental and private industry level. The pharmacist is confronted with a confusing array of cards to run through his computer to give his customer the best price. Seniors and caregivers are confused and frustrated. The aging network is inundated with calls, walk-ins, and angry clients. It takes about an hour to explain to a client what program is best for him at this particular time, considering income, medication needs, insurance options and household situation. The older person or their caregiver comes with limited information at best or misinformation or total confusion. They want reassurance from a real person that they are making decisions based on fact. In spite of the current frustration, partnerships are being forged. Health care professionals, policy makers and aging network personnel are communicating, and working together to best serve their customers. White House Conference on Aging input on this and other multi-interest group issues is another opportunity to plan rather than react to needed changes.

More service providers and organizations need to recognize the needs and desires of older people. We need to reconsider regulations governing match requirements and minimize administrative demands. We must encourage others to join in providing community based

services not discourage them with confusing and inconsistent requirements for public funding support.

The White House Conference on Aging could be the catalyst for re-educating the population on the needs and issues confronting individuals and society as we recognize the new elderly and strive to provide the desired community based supportive service options for those persons in their eighties and nineties.

The objectives of the Older Americans Act and the values they embrace need increased attention as we examine where we've been and where we need to go.